TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	**10/796,217**
Filing Date	**March 8, 2004**
First Named Inventor	**Abhinav Gupta**
Art Unit	**2162**
Examiner Name	**Stevens, Robert**
Attorney Docket Number ·	**50277-2328**

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form
  ☒ Fee Attached
☒ Amendment/Reply
  ☐ After Final
  ☐ Affidavits/declaration(s)
☐ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Reply to Missing Parts/ Incomplete Application
  ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation
☐ Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____
  ☐ Landscape Table on CD

☐ After Allowance Communication to TC
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Other Enclosure(s) (please Identify below): Check $100.00 and Return receipt postcard

Remarks
The Director is hereby authorized to charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number **50-1302**
Deposit Account Name: Hickman Palermo Truong & Becker LLP

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hickman Palermo Truong & Becker LLP
Signature	*[signature]*
Printed name	Christian A. Nicholes
Date	1/16/2007
Reg. No.	50,266

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	*[signature]*
Typed or printed name	Annette Valdivia
Date	1/16/07

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT | ($) 100.00

Complete if Known	
Application Number	10/796,217
Filing Date	3/8/2004
First Named Inventor	Abhinav Gupta
Examiner Name	Stevens, Robert
Art Unit	2162
Attorney Docket Number	50277-2328

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

Deposit Account Deposit Account Number: 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

		Small Entity
Fee Description	**Fee ($)**	**Fee ($)**
Each claim over 20 (including Reissues	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
41 - 20 or 39 = 2	x 50.00	= 100.00	

Multiple Dependent Claims
Fee ($) Fee Paid ($)
_____ _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fees Paid ($)
_____ - 100 = _____	/ 50 = _____ (round up to a whole number)	x _____	= _____

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge) _____

Fees Paid ($) _____

SUBMITTED BY

Signature		Registration No. 50.266 (Attorney/Agent)	Telephone 408.414.1080
Name (Print/Type)	Christian A. Nicholes		Date 1/16/2007

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. *If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

AMENDMENT UNDER 37 C.F.R. § 1.111

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

 Abhinav Gupta, et al.

Serial No.: 10/796,217

Filed on: March 8, 2004

For: DML STATEMENTS FOR DENSIFYING DATA

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Confirmation No.: 2706

Examiner: Stevens, Robert

Group Art Unit No.: 2162

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

 This is in response to the Office Action mailed October 16, 2006. The shortened

statutory period for reply runs until January 16, 2007. Please revise the subject

application as indicated below.

 Amendments to the Claims begin on page 2 of this reply.

 Remarks/Arguments begin on page 11 of this reply.